

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 123

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BORDER HEALTH FEDERAL PAC

A. Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road City pharr State TX Zip Code 78577 FEC ID number of contributing federal political committee. C Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Transaction ID: SA11A1.6486 Amount of Each Receipt this Period 250.00 contribution
B. Full Name (Last, First, Middle Initial) Maria Hoffman Mailing Address 802 Inspiration Road City pharr State TX Zip Code 78577 FEC ID number of contributing federal political committee. C Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 Transaction ID: SA11A1.6612 Amount of Each Receipt this Period 250.00 contribution
C. Full Name (Last, First, Middle Initial) Vincent Honrubia Mailing Address 204 Rio Grande City mission State TX Zip Code 78572 FEC ID number of contributing federal political committee. C Name of Employer selfemployed Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: SA11A1.6365 Amount of Each Receipt this Period 250.00 contribution

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)